

PUBLIC HEALTH SEATTLE &-KING COUNTY

KING COUNTY SEWAGE REVIEW COMMITTEE

APPEAL FILE # _____

Eastgate District Health Center
14350 SE Eastgate Way
Bellevue, WA 98007

LIST OF OWNERS OF NEIGHBORING PROPERTY

Instructions:

As the applicant in a case before the Sewage Review committee, you are responsible for notifying **the owners of all property within three hundred (300) feet of your lot or owners of the nearest fifteen (15) properties, whichever is greater**, using the "Dear Neighboring Property Owner form letter.

The names and addresses of those owners can be obtained in person from the King County Department of Assessments, on the seventh floor of the King County Administration Building, 520 Fourth Avenue in downtown Seattle. They are open from 8:30 a.m. to 4:30 p.m. Monday through Friday except holidays. Those names and addresses should be listed on this form – use additional sheets if necessary.

Each owner must be sent a copy of the "Dear Neighboring Property Owner form letter, and a copy of your application for appeal. If the legal description of your property or the answers to items 1 or 2 on the appeal cover sheet extends onto other pages, you must include those pages. However, you need not send copies of exhibits, maps, charts, studies, and photographs, etc. to neighboring property owners.

You must send notification to all neighboring property owners within two weeks of the date the complete application is filed. When you deposit the notices in the mail, you should mail a copy of this form, completed with names, tax account numbers, address and dates, to the Review Committee at the above address. **No meeting of the committee will be scheduled (to consider your appeal) prior to this step being completed, and submission of this form/information to the address indicated above.**

Failure to properly notify property owners could invalidate your appeal, or subject you to a lawsuit. Therefore, you should consider sending notification by certified mail, return receipt requested.

Name and Mailing Address of Property Owner

Tax Lot Account Number(s) - (APN)

Date Notice Was Mailed

1.

2.

3.

4.

5.